

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on January 23, 2004 in an envelope as First Class Mail, addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Pat Tate

Attorney Docket No.: INT1P027

First Named Inventor: BAYLEY, et al

Application Number: 09/306,688

Filing Date: May 6, 1999

Group Art Unit: 2635

Examiner: Vernal U. Brown

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

RECEIVED

JAN 30 2004

Technology Center 2600

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other _____

b. Enclosed:

☒ Amendment/Reply

☐ Affidavit(s)/Declaration(s)

☐ Information Disclosure Statement (IDS)

☒ Other: Applicant Initiated Interview Request Form – PTOL-413A.

01/28/2004 CNGUYEN 00000129 09306688

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770.00 0P

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

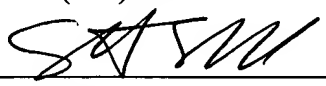
Claims					
Remaining	Highest			SMALL ENTITY	LARGE ENTITY
After	Previously	Present		RATE FEE	RATE FEE
<u>Amendment</u>	<u>Paid For</u>	<u>Extra</u>		OR	
TOTAL					
CLAIMS <u>14</u> -	<u>30</u>	<u>0</u>	X9 = \$	OR	X18 = \$
INDEP					
CLAIMS <u>2</u> -	<u>3</u>	<u>0</u>	X42 = \$	OR	X84 = \$
[] Multiple Dependent Claim Present			\$140		\$280
and Fee Not Previously Paid					
TOTAL			\$		\$ 0

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.
- b. ☐ Other _____
3. ☐ Applicant hereby petitions for a _____ month extension of time.
4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 1146 in the amount of \$770.00 to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
6. ☐ Please charge Deposit Account No. 50-0685 () in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P027).
8. ☒ Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT & YI LLP
10050 N. Foothill Blvd., Ste. 200
Cupertino, CA 95014
Tel (408) 973-2585 Fax (408) 973-2585

Date: 1-23-2004



Scott S. Kokka
Reg. No. 51,893